

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  12/17/2014
NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 520 SS=D	<p>A recertification survey and investigation of complaints (#34150 and #34863), were completed on December 17, 2014, at Laurelbrook Sanitarium. No deficiencies were cited in relation to the complaints under 42 CFR PART 483, Requirements for Long Term Care Facilities, 483.75(o)(1) QAA</p> <p>COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 520	<p>1. On 12/22/14 the Administrator reviewed with the Medical Director the importance of attending the scheduled quarterly QAPI Meeting. The Administrator scheduled the quarterly QAPI meeting with the Medical Director's calendar for January 14, 2015.</p> <p>2. On 12/18/14 the Administrator reviewed quarterly QAPI attendance sign-in logs for the last year and determined a need to have meetings scheduled early in quarter to allow for cancellation and rescheduling with Medical Director before quarter is complete.</p> <p>3. On 12/18/14 the Administrator agreed with Medical Director to have QAPI meetings at the beginning of the month that will allow time for emergency cancellations</p> <p>4. Beginning 12/31/14 the Director of Nursing will ensure the Medical Director is reminded of each quarterly QAPI committee one day prior to meeting. The Administrator will report monitoring outcomes to the Governing Board meeting</p>	1/20/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 520	<p>Continued From page 1</p> <p>Based on review of facility records and interview, the facility failed to assure the Medical Director attended the Quality Assessment and Assurance (QAA) Committee meeting at least quarterly.</p> <p>The findings included;</p> <p>Review of the facility Quality Assurance Committee Meeting sign in sheets dated January 23, 2014 through October 29, 2014 revealed the Medical Director did not attend the third quarter QAA Committee meeting in 2014.</p> <p>Interview with the Nursing Home Administrator (NHA) who chairs the QAA Committee, and the Director of Nursing on December 17, 2014, at 8:30 a.m., in the NHA office, confirmed the Medical Director did not attend the QAA Committee meeting during third quarter of 2014.</p>	F 520			